

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

JOSE
 14240

36s/6w/23bc

(START CARD) # 22179

(1) OWNER: Well Number: _____
 Name Jim Welch
 Address 25 Sunset Terrace
 City Scotts Valley State CA Zip 95066

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 98 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	0	25	9 sacks
6	25	98				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+2	84	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 84

(7) PERFORATIONS/SCREENS:
 Perforations Method Air
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	82	1/4 x 3/8	350			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
 Yield gal/min 50 Drawdown _____ Drill stem at 80 Time (1 hr.)

Temperature of water 52 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Joseph Latitude _____ Longitude _____
 Township 36 N or S, Range 6W E or W, WM.
 Section 23 SW 1/4 NW 1/4
 Tax Lot 5700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Leonard Road

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 7-20-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	50	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay, sm-med gravel sandy	0	96	12
Tombstone granite, hard	96	98	

RECEIVED
 AUG 8 1990
 WM. DIST. 14
 GRANTS PASS, ORG.

Date started 7-19-90 Completed 7-20-90

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Michael Pierre WWC Number 1462 Date 7-20-90

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed Bob Gunn WWC Number 675 Date 7-25-90